



Sea Stars Summer Camp 2018 Registration

REGISTRATION INFORMATION	
NAME:	
DATE OF BIRTH: <small>(yyyy – mm – dd)</small>	
MAILING ADDRESS:	
CONTACT PHONE #:	
CONTACT EMAIL(S): <small>(for club information)</small>	
HEALTH CONCERNS, ALLERGIES, MEDICATION USE OR PERSONAL NEEDS OF WHICH THE COACH SHOULD BE AWARE	
EMERGENCY CONTACT INFORMATION	
PARENT / GUARDIAN NAME(S):	
PHONE NUMBER(S):	
ALTERNATE CONTACT(S):	
PHONE NUMBER(S):	

CHILD'S SWIMMING ABILITY (for grouping purposes)

Last level of swimming lessons:

Ability to swim front crawl:

Ability to swim full length of pool:

Other:

**Please indicate camp(s) registration:
Camp A Camp B Both Camps**

___ CAMP A: July 2 – 6

___ CAMP B: August 20 – 24

___ Both Camp A and B

Items required to bring each day:

Swimsuit, nose clip, goggles, swim cap, 2 towels, running shoes and comfortable clothing for land activities, yoga mat, water bottle, snacks and a packed lunch

Payment:

The cost is \$195.00

Payment can be made online on the website, by credit card, or by e-transfer.

If paying by e-transfer, please send e-transfer to
seastarssynchro.treasurer@gmail.com

Email us the completed registration form to seastarssynchro@gmail.com. Any questions can be directed to seastarssynchro@gmail.com



RELEASE, INDEMNIFICATION AND CONSENT

In consideration of the St John's Sea Stars Synchronized Swimming Club accepting the registration of in the Synchro Experience Summer Camp of the club, I,

_____, the parent/guardian of (Name of Child)

_____ hereby for myself, my heirs, executors, administrators and assigns agree and do hereby release, indemnify and save harmless the St. John's Sea Stars Synchronized Swimming Club, their servants, agents, sponsors, volunteers or employees from any and all claims or demands whatsoever made against the St. John's Sea Stars Synchronized Swimming Club, its servants, agents, sponsors, volunteers or employees arising from or in consequence of the a-forenamed participation with the St. John's Sea Stars Synchronized Swimming Club notwithstanding that any such claims or demands may arise out of the negligence of the St. John's Sea Stars Synchronized Swimming Club, its servants, agents, sponsors, volunteers or employees.

Dated at the City of St. John's, in the Province of Newfoundland-Labrador, this day

of _____ 2018.

(Parent / Guardian Signature)

(Please print Parent / Guardian Signature)

(Witness Signature)

(Please print Witness Signature)



PHOTO / VIDEO RELEASE FORM



I, _____ hereby give permission for images of my child, captured during *Sea Stars Synchronized Swimming*

Camp or Club activities through video, photo and digital camera to be used solely for the purposes of the St. John's Sea Stars Synchronized Swimming Club promotional material and publications and waive any rights of compensation or ownership thereto.

Parent / Guardian:

(Printed Name)

(Signature)

Date:
